

WAGE CERTIFICATE

SUBJECT: BID NO.: IFB PMB-2016-32

DESCRIPTION OF PROJECT

FURNISH REFUSE COLLECTION SERVICES FOR KAWAILEHUA – STATE
AND KAWAILEHUA – FEDERAL UNDER ASSET MANAGEMENT
PROJECT 38 ON THE ISLAND OF KAUAI

Pursuant to Section 103-55, HRS, I hereby certify that if the awarded contract is in excess of \$25,000.00, the services shall be performed under the following conditions:

1. The services shall be performed by employees at wages or salaries not less than wages or salaries paid to public officers and employees doing similar work.
2. The services shall be in compliance with all applicable laws of the Federal and State governments, relating to worker's compensation, unemployment compensation, payment of wages, and safety.

I understand that all payments required by Federal and State laws to be made by employers for the benefit of their employees are to be paid in addition to the base wages required by Section 103-55, HRS.

BIDDER: _____

BY: _____
Signature of Person Authorized to Sign this Bid.

Please Print

NAME: _____

TITLE: _____

DATE: _____

IFB-PMB-2016-32

SEALED BID OFFER

Hawaii Public Housing Authority
Contract and Procurement Office
1002 North School Street, Bldg. D
Honolulu, Hawaii 96817

Dear Procurement Officer:

The undersigned has carefully read and understands the terms and conditions specified in the Invitation for Bids, Specifications and the General Conditions by reference made a part of this Bid Offer and hereby submits the following offer to perform the work specified.

That the undersigned further understands and agrees that by submitting this Sealed Bid Offer, 1) it is declaring its Bid Offer is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, and 2) it is certifying that the price(s) submitted was (were) independently arrived at without collusion.

Date: _____

Respectfully Submitted,

Telephone No.: _____

Legal Name of Offeror

Fax No.: _____

Payment address, if other than street
address at right:

Authorized Signature (Original)

Hawaii General Excise Tax Lic. I.D. No.:

Title

Social Security or Federal I.D. No.:

Street Address

City, State, Zip Code

Offeror is: ☐ Individual ☐ Partnership ☐ Corporation ☐ Joint Venture

State of Incorporation: ☐ Hawaii *☐ Other _____

*If "other", is corporate seal available in Hawaii? ☐ Yes ☐ No

1. All interested bidders must complete the following items:

- a. Give the history of the interested bidder's experience in the operation of refuse collection services in the State of Hawaii. Include the number of years of experience: (Attach separate pages if necessary.)

- b. Give the names and addresses of companies or government agencies at which the interested bidder has provided or is currently providing appliance services mentioned in Question 1a, together with the dates of services:

Firm or Agency	Contact Person	Telephone No.	Dates of Service

2.

Insurance coverage to be provided by:

Commercial General Liability: _____

Name of Agent: _____

Telephone Number: _____

Workers Comp: _____

Automobile Insurance: _____

Signature of Offeror _____

Property	# of Cont.	Container Size	# of p/u per week	Scheduled Pick-up Days							Refuse Per Year	Cost for Pick-Up + Disposal Fee =	Total Bid Price Per c.y.	Total Bid Price for the 12-month period (9/1/16 - 8/31/17)
Asset Management Project 38				M T W T H F S										
				M	T	W	T	H	F	S				
Kawaialehua - State	2	3 c.y.	2	X				X			636 c.y.	+	=	
Asset Management Project 38														
Kawaialehua - Federal	2	3 c.y.	2	X				X			636 c.y.	+	=	

SUB-TOTAL

TOTAL 1272 c.y.

Property	# of Cont.	Container Size	# of p/u per week	Scheduled Pick-up Days							Refuse Per Year	Cost for Pick-Up + Disposal Fee =	Total Bid Price Per c.y.	Total Bid Price for Option Year 1
Asset Management Project 38				M T W T H F S										
				M	T	W	T	H	F	S				
Kawaialehua - State	2	3 c.y.	2	X				X			630 c.y.	+	=	
Asset Management Project 38														
Kawaialehua - Federal	2	3 c.y.	2	X				X			630 c.y.	+	=	

SUB-TOTAL

TOTAL 1260 c.y.

Property	# of Cont.	Container Size	# of p/u per week	Scheduled Pick-up Days							Refuse Per Year	Cost for Pick-Up + Disposal Fee =	Total Bid Price Per c.y.	Total Bid Price for Option Year 2
Asset Management Project 38				M T W T H F S										
				M	T	W	T	H	F	S				
Kawaialehua - State	2	3 c.y.	2	X				X			630 c.y.	+	=	
Asset Management Project 38														
Kawaialehua - Federal	2	3 c.y.	2	X				X			630 c.y.	+	=	

SUB-TOTAL

TOTAL 1260 c.y.

GRAND TOTAL